Image# 15950532823 PAGE 1 / 70

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | | | | | | Office | e Use Only | |
|-----------------------|--|--------------|---------------------------------------|-------------------|-------------------------------|----------------------|-----------|---------------|-------------------|---|
| NAME OF COMMITTEE | | YPE OR PI | RINT ▼ | | mple: If typi r the lines. | ng, type | 12FE | 4M5 | | |
| Molina Heal | thcare, Inc. | PAC | | | | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS (number | er and street) | 200 Ocear | ngate | | | | | | | |
| Check if | different | Suite 100 | | | | | | | | |
| than pre reported. | | Long Bead | ch | | | | CA | 90 | 802 | - |
| 2. FEC IDENTI | FICATION NUM | /IBER ▼ | | CITY | | | STATE A | \ | ZIP CO | DE 🛦 |
| C C0043 | 30256 | | 3. | IS THIS REPORT | | NEW (N) OR | × | AMENDE (A) | ĒD | |
| 4. TYPE OF I | _ | (b) Month | rt u ' | eb 20 (M2) | | May 20 (M5) | | Aug 20 (M | 8) | Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly | Reports: | Due (| On: | Mar 20 (M3) | | Jun 20 (M6) | | Sep 20 (M | 9) | Dec 20 (M12) (Non-Election Year Only) |
| April | 15 | | A | Apr 20 (M4) | | Jul 20 (M7) | | Oct 20 (M | 10) | Jan 31 (YE) |
| Qua July | rterly Report (Q1) | (C) | 12-Day | | Primary (12F | P) | Ge | neral (12G) | | Runoff (12R) |
| Qua | rterly Report (Q2) |) | PRE-Election Report for the | . П | Convention | (12C) | Spe | ecial (12S) | | |
| | ber 15 rterly Report (Q3) | | | | | | | | | |
| | uary 31 r-End Report (YE) |) | Ele | ction on | M M / | D D / | YIYI | Y | in the State o | f |
| Rep | 31 Mid-Year ort (Non-election Only) (MY) | | 30-Day POST-Electior Report for the | | General (300 | G) | Ru | noff (30R) | | Special (30S) |
| Term (TER | nination Report R) | | · | ction on | M = M / | D | Y " Y " | Y | in the State o | ıf |
| 5. Covering Peri | od 07 | 01 | 201 | 4 | through | M M M | 30 | | 2014 | |
| I certify that I hav | e examined this | Report an | d to the best | of my kno | wledge and | belief it is tr | ue, corre | ct and com | plete. | |
| Type or Print Nan | ne of Treasurer | Michael M | layers | | | | | | | |
| Signature of Treas | surer <i>Michae</i> | l Mayers | | | [Electronicall | y Filed] [| Date | M M / 01 | 30 / | 2015 |
| NOTE: Submission | of false, erroneo | us, or incor | mplete informa | ation may su | bject the per | son signing t | his Repoi | rt to the per | alties of 2 l | J.S.C. §437g. |
| Office | | | | | | | | FI | EC FOR | M 3X |
| Use Only | | | | | | | | | Rev. 12/2 | |

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Molina Healthcare, Inc. PAC 07 2014 09 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 99945.75 January 1, 2014 (b) Cash on Hand at 131882.41 Beginning of Reporting Period..... 168634.76 57415.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 189297.41 268580.51 6(a) and 6(c) for Column B)..... 63728.10 144382.04 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 125569.31 124198.47 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| Molina | Healthcare, | Inc. PAC |
|--------|-------------|----------|
|--------|-------------|----------|

| port Covering the Period: From: 07 | 01 2014 To | : 09 30 2014 | | | |
|---|---|--|--|--|--|
| I. Receipts | I. Receipts COLUMN A Total This Period | | | | |
| | | | | | |
| • • | | | | | |
| (i) Itemized (use Schedule A) | 49417.36 | 880593.45 | | | |
| (ii) Unitemized(iii) TOTAL (add | 7997.64 | 36062.15 | | | |
| Lines 11(a)(i) and (ii)▶ | 57415.00 | 168634.76 | | | |
| . , | 0.00 | 0.00 | | | |
| (such as PACs) | 0.00 | 0.00 | | | |
| | | | | | |
| Totals to Line 33, page 5)▶ | 57415.00 | 168634.76 | | | |
| | 0.00 | 0.00 | | | |
| All Loans Received | 0.00 | 0.00 | | | |
| _oan Repayments Received | 0.00 | 0.00 | | | |
| Offsets To Operating Expenditures | | | | | |
| · | 0.00 | 0.00 | | | |
| | | , | | | |
| | | | | | |
| | 0.00 | 0.00 | | | |
| · · · · · · · · · · · · · · · · · · · | 0.00 | 0.00 | | | |
| | | | | | |
| (from Schedule H3) | 0.00 | 0.00 | | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | |
| | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | |
|-----|--|----------------------------|-----------------------------------|--|--|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal | Total Tillo I Ollow | Jaionaa 16a1-10-Date | | |
| | Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 | | |
| | (i) I ederal Share | | | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 | | |
| | (b) Other Federal Operating | | | | |
| | Expenditures | 228.10 | 966.05 | | |
| | (c) Total Operating Expenditures | | | | |
| | (add 21(a)(i), (a)(ii), and (b))▶ | 228.10 | 966.05 | | |
| | Transfers to Affiliated/Other Party | 0.00 | 0.00 | | |
| 3. | Committees Contributions to | 0.00 | 0.00 | | |
| | Federal Candidates/Committees and Other Political Committees | 47000.00 | 121930.70 | | |
| | Independent Expenditures | 0.00 | 0.00 | | |
| 5. | (use Schedule E) | 0.00 | 0.00 | | |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | |
| | (use soliedule F) | 7 | 0.00 | | |
| 3 | Loan Repayments Made | 0.00 | 0.00 | | |
| | | | | | |
| 7. | Loans Made | 0.00 | 0.00 | | |
| | Refunds of Contributions To: (a) Individuals/Persons Other | | | | |
| | Than Political Committees | 0.00 | 135.29 | | |
| | i | | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | |
| | (c) Other Political Committees | 0.00 | 0.00 | | |
| | (such as PACs) | 0.00 | 0.00 | | |
| | (d) Total Contribution Refunds | | | | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 135.29 | | |
| | (add 2.1100 20(a), (b), and (b), | 7 | 7 | | |
|). | Other Disbursements | 16500.00 | 21350.00 | | |
| | L | 7 | 7 | | |
|). | Federal Election Activity (2 U.S.C. §431(20)) | | | | |
| | (a) Allocated Federal Election Activity | | | | |
| | (from Schedule H6) | 0.00 | 0.00 | | |
| | (i) Federal Share | 0.00 | 0.00 | | |
| | (**) III II OI | 0.00 | 0.00 | | |
| | (ii) "Levin" Share | 0.00 | 0.00 | | |
| | (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | | |
| | (c) Total Federal Election Activity (add | | | | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | |
| | | 7 | | | |
| | Total Disbursements (add Lines 21(c), 22, | | | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 63728.10 | 144382.04 | | |
| | L | | 7 | | |
| | Total Federal Disbursements | | | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | |
| | from Line 31) | 63728.10 | 144382.04 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | |
|--|-------------------------------|-----------------------------------|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 57415.00 | 168634.76 | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 135.29 | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 57415.00 | 168499.47 | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 228.10 | 966.05 | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 228.10 | 966.05 | | |

1mage# 15950532828 PAGE 6 / 70

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA Transaction ID :

amendment to to FEC-958086 due to clerical error

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s)

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| TEMIZED RECEIPTS | for each catego Detailed Summa | ory of the | X 11a |
|---|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | Statements may not be sold or u he name and address of any polit | ised by any personal tical committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | | |
| Full Name (Last, First, Middle Initial) Peter G Adler | | | Date of Receipt |
| Mailing Address 5402 Lake Washington Blvd Unit H | INE | | 09 26 2014 |
| City | State Zip Code | | Transaction ID : C2849207 |
| Kirkland | WA 98033-7332 | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1344.00 |
| Name of Employer | Occupation | | |
| Molina Healthcare of WA | Healthcare Administration | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 2112.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) April Alexander | | | Date of Receipt |
| Mailing Address 2127 California St. NW #103 | 7: 0 1 | | 09 26 2014 |
| City Washington | State Zip Code DC 20008 | | Transaction ID : C2849011 |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period 273.00 |
| Name of Employer | Occupation | | |
| Molina Healthcare, Inc. | Government Relations | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | |
| Other (specify) ▼ | 4 | 682.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) C. Karyn Appel, Karyn Appel | | | Date of Receipt |
| Mailing Address 17611 Maidstone Ave | | | 09 26 _ 2014 _ |
| City | State Zip Code | | Transaction ID : C2848958 |
| Artesia | CA 90701-3821 | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 141.75 |
| Name of Employer | Occupation | | |
| Molina Healthcare of CA | Manager Member Services | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | * Daywell Daylor land |
| Other (specify) ▼ | | 405.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional). | | ····· | 1758.75 |
| TOTAL This Period (last page this line number | er only) | ·····• | |

FOR LINE NUMBER: **PAGE** 8 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Delores Baker, Delores Baker Delores Date of Receipt Mailing Address 100 Deerfield Dr Unit 103 2014 09 26 City Zip Code State Transaction ID: C2849240 SC Charleston 29414-6814 Amount of Each Receipt this Period FEC ID number of contributing 201.95 federal political committee. Name of Employer Occupation Healthcare Worker Molina Healthcare of SC Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 288.50 Other (specify) Full Name (Last, First, Middle Initial) B. Constance Banks, Constanc Banks Date of Receipt Mailing Address 5609 Blacks Road SW 09 26 2014 City State Zip Code Transaction ID: C2922436 OH Pataskala 43062 Amount of Each Receipt this Period FEC ID number of contributing 145.88 federal political committee. Name of Employer Occupation Molina Healthcare of OH Health Care worker Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: biweekly \$20.84 416.80 Other (specify) Full Name (Last, First, Middle Initial) c. Jeff D. Barlow Date of Receipt Mailing Address 3731 El Ricon Way 09 26 2014 City State Zip Code Transaction ID: C2848943 CA Sacramento 95864-2918 Amount of Each Receipt this Period FEC ID number of contributing 1346.17 С federal political committee. Name of Employer Occupation General Counsel Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 3846.20 Other (specify) 1694.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

| | FOR LINE | NUMBER | : PAGI | E 9 | OF | | | | |
|--|------------------|--------|--------|-----|-----|--|--|--|--|
| Use separate schedule(s) | (check only one) | | | | | | | | |
| for each category of the Detailed Summary Page | X 11a | 11b | 11c | 12 | · | | | | |
| Detailed Guillinary 1 age | 13 | 14 | 15 | 16 | : Г | | | | |

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| | Statements may not be sold or used by any persone name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Craig Bass, Craig Bass Mailing Address 5973 Shady Oaks Drive | | Date of Receipt 09 26 2014 |
| City Frisco | State Zip Code TX 75035 | Transaction ID : C2849116 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 903.00 |
| Name of Employer Molina Healthcare of TX Receipt For: Primary General Other (specify) ▼ | Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 2580.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. Terry Phyllis Bayer Mailing Address 274 Argonne Ave | | Date of Receipt 09 26 _2014 _ |
| City Long Beach | State Zip Code CA 90803-1763 | Transaction ID : C2848963 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 1346.17 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 3846.20 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Del R Bell Mailing Address P.O. Box 536 | | Date of Receipt |
| City Eagle | State Zip Code ID 83616 | 09 26 2014 Transaction ID : C2849131 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 280.00 |
| Name of Employer Molina Medicaid Solutions Receipt For: Primary General Other (specify) ▼ | Occupation Healthcare Administration Aggregate Year-to-Date ▼ 665.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | 2529.17 |
| TOTAL This Period (last page this line numbe | r only) | |

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Linda Gail Benson Date of Receipt Mailing Address 3286 Latonia Rd 2014 09 26 City Zip Code State Transaction ID: C2849098 OH Columbus 43232-5940 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer Occupation Social Worker Molina Healthcare of OH, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: biweekly \$20.00 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bryce Berg, Bryce Berg Date of Receipt Mailing Address 17301 Forbes Ln 09 26 2014 City State Zip Code Transaction ID: C2849017 CA **Huntington Beach** 92649-4666 Amount of Each Receipt this Period FEC ID number of contributing 679.00 federal political committee. Name of Employer Occupation Molina Healthcare Ic Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1556.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amritpreet Bhugra, Amritpr Bhugra Date of Receipt Mailing Address P.O. Box 9183 09 26 2014 City State Zip Code Transaction ID: C2849089 IL Naperville 60567 Amount of Each Receipt this Period FEC ID number of contributing 140.00 С federal political committee. Name of Employer Occupation Information Requested Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 400.00 Other (specify) 959.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: (check only one) PAGE 11 OF 70 Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Glen Bogner Mailing Address 414 Dellcrest Drive City Forest Hill FEC ID number of contributing federal political committee. Name of Employer | State Zip Code MD 21050 | Date of Receipt 09 26 2014 Transaction ID : C2848986 Amount of Each Receipt this Period 1346.17 |
| Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ | Healthcare Administrator Aggregate Year-to-Date ▼ 2641.08 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. David Boim Mailing Address 12028 Young Manor Drive City | State Zip Code | Date of Receipt 09 26 2014 Transaction ID : C2849052 |
| Midlothian FEC ID number of contributing federal political committee. | VA 23113 | Amount of Each Receipt this Period 679.00 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 1339.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Maritza Borrajero, Mari Borrajero Mailing Address 7503 SW 166th Ct | | Date of Receipt 09 26 2014 |
| City Miami FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare of FL | State Zip Code FL 33193-3749 C Occupation Health care Administration | Transaction ID : C2849197 Amount of Each Receipt this Period 280.00 |
| Receipt For: Primary Other (specify) | Aggregate Year-to-Date ▼ 440.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | 2305.17 |
| TOTAL This Period (last page this line number | only) | |

FOR LINE NUMBER: PAGE 12 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Karen R Bounds Date of Receipt Mailing Address 1400 Sunset Rd SE 2014 09 26 City Zip Code State Transaction ID: C2849091 NM Rio Rancho 87124-2629 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of NM, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: biweekly \$25.00 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shelby Brambach, Shelb Brambach Date of Receipt Mailing Address P.O. Box 14609 09 26 2014 City State Zip Code Transaction ID: C2849241 WA Bothell 98082 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Molina Healthcare of Washington Health care services Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. David D Bunch Date of Receipt Mailing Address 28977 Walker Road S 09 26 2014 Ste E, Apt 710 City State Zip Code Transaction ID: C2848937 LA Walker 70785 Amount of Each Receipt this Period FEC ID number of contributing 134.75 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Medicaid Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 250.25 Other (specify) 534.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 13 OF 70

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|---|---|--|
| | Statements may not be sold or used by any pe he name and address of any political committee | rson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Kenneth Cable Mailing Address 12612 Manley St | | Date of Receipt |
| City Garden Grove FEC ID number of contributing | State Zip Code CA 92845-1907 | Transaction ID : C2849070 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Molina Healthcare, Inc. | Occupation Healthcare Administration | 210.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Maria Calderon Mailing Address 1548 S. Braodmoor Ave. | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City West Covina | State Zip Code CA 91790 | Transaction ID : C2849150 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 87.50 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 250.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) C. Gary S Call | | Date of Receipt |
| Mailing Address 10072 Rockview Dr City Sandy | State Zip Code UT 84092-4100 | 09 26 2014 Transaction ID : C2848964 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 679.00 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General | Occupation Information Requested Aggregate Year-to-Date ▼ | * Payroll Deduction: |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional). | 1164.00 | 976.50 |
| TOTAL This Period (last page this line number | er only) | |

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kristen Cerf, Kristen Cerf Date of Receipt Mailing Address 8046 Linda Isle Lane 2014 09 26 City Zip Code State Transaction ID: C2849021 CA Sacramento 95831 Amount of Each Receipt this Period FEC ID number of contributing C 105.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard W Chambers Date of Receipt Mailing Address 1099 Azure Court 09 26 2014 City State Zip Code Transaction ID: C2849124 CA Palm Springs 92262 Amount of Each Receipt this Period FEC ID number of contributing 1573.88 federal political committee. Name of Employer Occupation Molina Healthcare of California Health Care Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 3650.92 Other (specify) Full Name (Last, First, Middle Initial) c. Ellen Charlebois Date of Receipt Mailing Address 2030 Silverlake Blvd 09 26 2014 City Zip Code State Transaction ID: C2849153 KY Frankfort 40601 Amount of Each Receipt this Period FEC ID number of contributing 273.00 С federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 641.75 Other (specify) 1951.88 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 15 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Amy Clubbs, Amy Clubbs Date of Receipt Mailing Address 3740 Darby Knolls Blvd 2014 09 26 City Zip Code State Transaction ID: C2849099 OH Hilliard 43026-7428 Amount of Each Receipt this Period FEC ID number of contributing C 700.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of OH, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amy M Conn Date of Receipt Mailing Address 54 Sycamore Ridge Drive 09 26 2014 City State Zip Code Transaction ID: C2849211 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Molina Healthcare of OH Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Berenice Nunez Constant Date of Receipt Mailing Address 1219 E 3rd Street, Apt 1 09 26 2014 City State Zip Code Transaction ID: C2848936 CA Long Beach 90802 Amount of Each Receipt this Period FEC ID number of contributing 269.15 С federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Policy Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 769.00 Other (specify) 1144.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Antonio Cruz Date of Receipt Mailing Address 2919 E Vista Street 2014 26 City State Zip Code Transaction ID: C2849031 CA Long Beach 90803 Amount of Each Receipt this Period FEC ID number of contributing C 291.69 federal political committee. Name of Employer Occupation Healthcare Worker Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 833.40 Other (specify) Full Name (Last, First, Middle Initial) B. James Cruz, James Cruz Date of Receipt Mailing Address 217 W. Avenue Valencia 09 26 2014 City State Zip Code Transaction ID: C2849112 San Clemente CA 92672 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Molina Healthcare of CA Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 478.36 Other (specify) Full Name (Last, First, Middle Initial) c. Derek Danley Date of Receipt Mailing Address 17401 Tidalview Ln 09 26 2014 State Zip Code Transaction ID: C2849074 CA **Huntington Beach** 92649-6439 Amount of Each Receipt this Period FEC ID number of contributing C 700.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1100.00 Other (specify) 1166.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Amy Dobberteen, Amy Dobberteen Date of Receipt Mailing Address 6616 Flaming Arrow Drive 2014 26 City Zip Code State Transaction ID: C2849020 CA Citrus Heights 95621 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Troy Eubank, Troy Eubank Date of Receipt Mailing Address 1823 Tremont Ave 09 26 2014 City State Zip Code Transaction ID: C2849092 Fort Worth TX 76107-3944 Amount of Each Receipt this Period FEC ID number of contributing 210.00 federal political committee. Name of Employer Occupation Molina Healthcare of TX, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. George Figueroa, Georg Figueroa Date of Receipt Mailing Address 4426 E. Earll Drive 09 26 2014 City State Zip Code Transaction ID: C2849018 ΑZ Phoenix 85018 Amount of Each Receipt this Period FEC ID number of contributing C 315.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 900.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional).....

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Marjorie Finkelnburg, Ma Finkelnburg Date of Receipt Mailing Address 108 N. West Street 2014 09 26 City State Zip Code Transaction ID: C2849009 VA Alexandria 22314 Amount of Each Receipt this Period FEC ID number of contributing C 315.00 federal political committee. Name of Employer Occupation Molina Healthcre Inc Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 872.00 Other (specify) Full Name (Last, First, Middle Initial) B. Constance Fleischer Date of Receipt Mailing Address 5115 E vista St 09 26 2014 City State Zip Code Transaction ID: C2849081 CA Long Beach 90803 Amount of Each Receipt this Period FEC ID number of contributing 134.75 federal political committee. Name of Employer Occupation Molina Healthcare Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 211.75 Other (specify) Full Name (Last, First, Middle Initial) **c.** Janet Fosdick Date of Receipt Mailing Address 1325 Sussex Lane 2014 09 26 City State Zip Code Transaction ID: C2849078 CA Newport Beach 92660 Amount of Each Receipt this Period FEC ID number of contributing C 273.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 429.00 Other (specify) 722.75 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Wyatt French Date of Receipt Mailing Address 9619 Lyndonway Drive 2014 09 26 City Zip Code State Transaction ID: C2849160 VA Richmond 23229 Amount of Each Receipt this Period FEC ID number of contributing C 210.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Medicaid Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Virginia Fuentes-Rivera, Fuentes Rivera Date of Receipt Mailing Address 1592 Cottonwood Drive 07 18 2014 City State Zip Code Transaction ID: C2802579 OH Lewis Center 43035 Amount of Each Receipt this Period FEC ID number of contributing 41.68 federal political committee. Name of Employer Occupation Molina Healthcare OH Managed Care Adminitration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 312.60 Other (specify) Full Name (Last, First, Middle Initial) c. Wadie Gadalla, Wadie Gadalla Date of Receipt Mailing Address 10636 Danbury St 09 26 2014 City State Zip Code Transaction ID: C2848968 CA Temple City 91780-2823 Amount of Each Receipt this Period FEC ID number of contributing C 105.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Manager Finance Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 300.00 Other (specify) 356.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 20 OF 70 Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any pe name and address of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Angelo Giambrone | | Date of Receipt |
| Mailing Address 1821 Park Street | | 09 26 2014 |
| City | State Zip Code CA 92648 | Transaction ID : C2849032 |
| Huntington Beach | CA 92648 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 315.00 |
| Name of Employer | Occupation | |
| Molina Healthcare, Inc. | Healthcare Administration | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. J Mark Mark Gibson | | Date of Receipt |
| Mailing Address 316 Sychar Road | | 08 29 2014 |
| City | State Zip Code | Transaction ID: C2830422 |
| Mount Vernon | OH 43050 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 104.20 |
| Name of Employer | Occupation | |
| Molina Healthcare of OH | Healthcare Administrator | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 375.12 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) . Harold N Gooch | | Date of Receipt |
| Mailing Address 6511 S Canyon ranch Road | | 09 26 2014 |
| City | State Zip Code | Transaction ID : C2849154 |
| Salt Lake City | UT 84121 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 134.75 |
| Name of Employer | Occupation | |
| Molina Healthcare of Utah | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 385.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | • | 553.95 |
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FOR LINE NUMBER: PAGE 21 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Robert W Gordon Date of Receipt Mailing Address 5793 Maxson Dr 2014 09 26 City Zip Code State Transaction ID: C2848947 CA 90630-3247 Cypress Amount of Each Receipt this Period FEC ID number of contributing C 840.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 960.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nitin Gotmare Date of Receipt Mailing Address 2488 McCoy Dr 09 26 2014 City State Zip Code Transaction ID: C2848994 CA Tustin 92782-1250 Amount of Each Receipt this Period FEC ID number of contributing 315.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 495.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter M Gray Date of Receipt Mailing Address 9 Perleys Lane 09 26 2014 City Zip Code State Transaction ID: C2849171 MF Hallowell 04347 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Healthcare Administrator Molina Medicaid Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 650.00 Other (specify) 1505.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 22 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Laurie Greenberg, Laur Greenberg Date of Receipt Mailing Address 27760 Woodland Grn 2014 09 26 City State Zip Code Transaction ID: C2849140 TX Boerne 78015-4956 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Molina Healthcare of Texas physician Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Griffith, Patri Griffith Date of Receipt Mailing Address 944 Elyria Dr 09 26 2014 City State Zip Code Transaction ID: C2848969 CA Los Angeles 90065-3234 Amount of Each Receipt this Period FEC ID number of contributing 77.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Medical Infor Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 470.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew James Lawrence Haag Date of Receipt Mailing Address 1238 Desoto Street 09 26 2014 City State Zip Code Transaction ID: C2849033 CA Placentia 92870 Amount of Each Receipt this Period FEC ID number of contributing 145.88 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 466.80 Other (specify) 572.88 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 23 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Rebecca Haake, Rebecca Haake Date of Receipt Mailing Address 5107 SW 93rd Ave 2014 09 26 City State Zip Code Transaction ID: C2849217 FL Cooper City 33328 Amount of Each Receipt this Period FEC ID number of contributing C 134.75 federal political committee. Name of Employer Occupation Molina Healthcare of FL Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 211.75 Other (specify) Full Name (Last, First, Middle Initial) B. Beverly Beverly Hamilton Date of Receipt Mailing Address 218 Harden Street 09 26 2014 City State Zip Code Transaction ID: C2849223 SC Columbia 29205 Amount of Each Receipt this Period FEC ID number of contributing 280.00 federal political committee. Name of Employer Occupation Molina Healthcare of SC Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Catherine S Harvey Date of Receipt Mailing Address 3350 N Southport Ave 09 26 2014 Apt 1N City State Zip Code Transaction ID: C2849222 IL Chicago 60657-1253 Amount of Each Receipt this Period FEC ID number of contributing 1346.17 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of IL Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 2115.41 Other (specify) 1760.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 24 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Lisa Anne A Hatton Date of Receipt Mailing Address 1280 Stone Ridge Ct 2014 09 26 City Zip Code State Transaction ID: C2848997 OH Westerville 43081-3274 Amount of Each Receipt this Period FEC ID number of contributing C 210.00 federal political committee. Name of Employer Occupation **Enrollment Growth** Molina Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kim Hedrick, Kim Hedrick Date of Receipt Mailing Address P.O. Box 2715 09 26 2014 City State Zip Code Transaction ID: C2849162 NM Corrales 87048 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Molina Healthcare of NM Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 850.00 Other (specify) Full Name (Last, First, Middle Initial) c. Erin Hiley Date of Receipt Mailing Address 7003 1/2 W. Manchester Ave., 09 26 2014 City State Zip Code Transaction ID: C2849051 CA Los Angeles 90045 Amount of Each Receipt this Period FEC ID number of contributing 175.00 С federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 500.00 Other (specify) 735.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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| Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Rick Hopfer, Jr. Date of Receipt Mailing Address 30340 Morning View Drive 09 2014 26 City Zip Code State Transaction ID: C2849088 CA Malibu 90265 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Whitney Howard, Whitney Howard Date of Receipt Mailing Address 15204 54th Avenue, SE 09 26 2014 City State Zip Code Transaction ID: C2849108 WA **Everett** 98208 Amount of Each Receipt this Period FEC ID number of contributing 77.00 federal political committee. Name of Employer Occupation Molina Healthcare Wa Provider Contract Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Johnny Alexander Hughes Date of Receipt Mailing Address 8649 Aviazy Woods Way 2014 09 26 City State Zip Code Transaction ID: C2849057 CA Elk Grove 95624 Amount of Each Receipt this Period FEC ID number of contributing C 134.75 federal political committee. Name of Employer Occupation Information Requested Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 327.25 Other (specify) 351.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one)

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| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | | | | | | | | |
| Full Name (Last, First, Middle Initial) 1. Dennis Hulet | | Date of Receipt | | | | | | | |
| Mailing Address 1324 Lake Roesiger Drive | | 09 26 2014 | | | | | | | |
| City St. Snohomish W | ate Zip Code A 98290 | Transaction ID : C2849060 | | | | | | | |
| | 30290 | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | | 140.00 | | | | | | | |
| Name of Employer Occi | upation | | | | | | | | |
| | thcare Administrator | | | | | | | | |
| | regate Year-to-Date ▼ | | | | | | | | |
| Primary General Other (specify) ▼ | 260.00 | * Payroll Deduction: | | | | | | | |
| Full Name (Last, First, Middle Initial) 3. John P Jarvis | | Date of Receipt | | | | | | | |
| Mailing Address 5240 Knoxville Ave | | 09 26 2014 | | | | | | | |
| | ate Zip Code | Transaction ID: C2848987 | | | | | | | |
| Lakewood C. | 90713 | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | | 134.75 | | | | | | | |
| Molina Hoolthoore Inc | upation hare Administration | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | regate Year-to-Date ▼ 385.00 | * Payroll Deduction: | | | | | | | |
| | | J | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Kartik Jayaraman | | Date of Receipt | | | | | | | |
| Mailing Address 20 Savannah | | 09 26 2014 | | | | | | | |
| City St | | Transaction ID : C2849053 | | | | | | | |
| Irvine C | A 92620 | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | | 134.75 | | | | | | | |
| Name of Employer Occi | upation | | | | | | | | |
| | thcare Administrator | | | | | | | | |
| | regate Year-to-Date ▼ | | | | | | | | |
| Primary General Other (specify) ▼ | 385.00 | * Payroll Deduction: | | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 409.50 | | | | | | | |
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| for each category of the Detailed Summary Page | | X | 11a | | 11b | | 11c | | 12 | | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kathleen Diane Jones Date of Receipt Mailing Address 2710 Bacon Drive 2014 26 City State Zip Code Transaction ID: C2849173 Peoria IL 61614 Amount of Each Receipt this Period FEC ID number of contributing C 273.00 federal political committee. Name of Employer Occupation Molina Healthcare of IL Healthcare Admnistrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 507.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Ellen Jones Date of Receipt Mailing Address 1324 191st Place, SE 09 26 2014 City State Zip Code Transaction ID: C2849206 Bothell WA 98012 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Name of Employer Occupation Molina Healthcare of Washingtn Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patty Kehoe, Patty Kehoe Date of Receipt Mailing Address 6444 Esther Ave NE 2014 09 26 City Zip Code State Transaction ID: C2849111 NM Albuquerque 87109 Amount of Each Receipt this Period FEC ID number of contributing 175.00 С federal political committee.

| SUBTOTAL of Receipts This Page (optional) | > | Ī | Ī | 7 | Ξ | Ī | 7 | | 58 | 8.00 | |
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500.00

Occupation **Health Services**

Aggregate Year-to-Date ▼

* Payroll Deduction:

Name of Employer

Primary

Receipt For:

Molina Healthcare of New Mexico

Other (specify)

General

FOR LINE NUMBER: PAGE 28 OF 70 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Carl T Kidd Date of Receipt Mailing Address 12210 Oyster Cove Court 2014 26 City Zip Code State Transaction ID: C2849137 TX Stafford 77477 Amount of Each Receipt this Period FEC ID number of contributing C 273.00 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of TX Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald D Kurtz Date of Receipt Mailing Address 1776 Kinneloa Canyon road 09 26 2014 City State Zip Code Transaction ID: C2849056 CA Pasadena 91107 Amount of Each Receipt this Period FEC ID number of contributing 301.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 731.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurel A Lee Date of Receipt Mailing Address 23403 NE 21st St 2014 09 26 City Zip Code State Transaction ID: C2849095 WA Sammamish 98074-4417 Amount of Each Receipt this Period FEC ID number of contributing 210.00 С federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of WA, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 600.00 Other (specify) 784.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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| for each category of the Detailed Summary Page | | X | 11a | | 11b | | 11c | | 12 | | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Todd Lemmis, Todd Lemmis Date of Receipt Mailing Address 136 Cordova Walk 2014 09 26 City Zip Code State Transaction ID: C2849041 CA Long Beach 90803 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Lindberg Date of Receipt Mailing Address 19716 11th Ave NW 09 26 2014 City State Zip Code Transaction ID: C2849172 WA Shoreline 98177 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Name of Employer Occupation Molina Healthcare of WA Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 260.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Robert Lindquist Date of Receipt Mailing Address 1774 Bergenfield Rd 2014 09 26 Zip Code City State Transaction ID: C2849175 SC mount Pleasant 29466 Amount of Each Receipt this Period FEC ID number of contributing 1365.00 С federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of South Carolina Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 2535.00 Other (specify)

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FOR LINE NUMBER: PAGE 30 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) James Loopeker, James Loopeker Date of Receipt Mailing Address 826 West Bourne Drive 2014 09 26 City Zip Code State Transaction ID: C2849114 CA West Hollywood 90069 Amount of Each Receipt this Period FEC ID number of contributing C 134.61 federal political committee. Name of Employer Occupation Healthcare Administrator Molina Healthcare of CA Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Benjamin Lynam Date of Receipt Mailing Address 6781 Brentwood Drive 09 26 2014 City State Zip Code Transaction ID: C2849039 CA **Huntington Beach** 92648 Amount of Each Receipt this Period FEC ID number of contributing 134.75 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 385.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen O. Macdonald Date of Receipt Mailing Address 620 Randall Rd 09 26 2014 City Zip Code State Transaction ID: C2848971 CA Montecito 93108-2123 Amount of Each Receipt this Period FEC ID number of contributing 798.00 С federal political committee. Name of Employer Occupation Molina Healthcare, Inc. **Chief Actuary** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 2200.00 Other (specify) 1067.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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| TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | | |
| Full Name (Last, First, Middle Initial) A. Kristine W MacRae | | | Date of Receipt |
| Mailing Address 3324 E. 1sr Street | | | 09 262014 |
| City Long Beach | State CA | Zip Code 90803 | Transaction ID : C2849046 |
| | 0/1 | 30003 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 140.00 |
| Name of Employer | Occupation | 1 | |
| Molina Healthcare, Inc. | Healthcare | Administration | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| Other (specify) ▼ | | 400.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. Kathie Mancini, Kathie Mancini | | | Date of Receipt |
| Mailing Address 4940 Heath Gate Dr | | | 09 26 2014 |
| City | State | Zip Code | Transaction ID: C2848982 |
| New Albany | OH | 43054-9450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 728.00 |
| Name of Employer Molina Healthcare | Occupation Healthcare | ı Administration | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2080.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) C. Michele D Marcotte | | | Date of Receipt |
| Mailing Address 5850 Gloxinia Dr | | | 09 26 2014 |
| City | State CA | Zip Code | Transaction ID : C2849090 |
| Yorba Linda | UA . | 92887-3313 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 105.00 |
| Name of Employer | Occupation | 1 | |
| Molina Healthcare of CA, Inc | Healthcare | Administration | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | * Device!! Dedication |
| Other (specify) ▼ | | 300.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | | 973.00 |
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Chritopher Joseph Mardesich Date of Receipt Mailing Address 1321 Pine Street 2014 09 26 City Zip Code State Transaction ID: C2849065 CA Santa Monica 90405 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Name of Employer Occupation Molina Healthcare Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janet L Marino Janet Date of Receipt Mailing Address 7801 Great Divide Lane 09 26 2014 City State Zip Code Transaction ID: C2849133 TX McKinney 75070 Amount of Each Receipt this Period FEC ID number of contributing 210.00 federal political committee. Name of Employer Occupation Molina Healthcare of TX Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul D Marti Date of Receipt Mailing Address 207 South Mill Street 80 15 2014 P.O. box 464 City State Zip Code Transaction ID: C2830017 IL Greenup 62428 Amount of Each Receipt this Period FEC ID number of contributing 77.00 С federal political committee. Name of Employer Occupation Healthcare Adminitrator Molina Healthcare of IL Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 327.25 Other (specify) 462.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Anthony L Martinez Mailing Address 5140 Mesa Del Oso Rd NE | | Date of Receipt |
| City Albuquerque | State Zip Code NM 87111-3724 | 09 26 2014 Transaction ID : C2849163 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 140.00 |
| Molina Healthcare of NM, Inc Receipt For: Primary General Other (specify) ▼ | Healthcare Administration Aggregate Year-to-Date ▼ 340.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. Michael Mayers, Michael Mayers Mailing Address 8309 Medeiros Way | | Date of Receipt 09 26 _2014 _ |
| City Sacramento | State Zip Code CA 95829-8164 | Transaction ID : C2848972 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 1346.17 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Policy and Govt Advocacy Aggregate Year-to-Date ▼ 3786.58 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Linda McCoy, Linda McCoy Mailing Address 7115 287 Place NW | | Date of Receipt |
| City Stanwood | State Zip Code WA 98292-4506 | 09 26 2014 Transaction ID : C2848961 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Convention | 145.88 |
| Name of Employer Molina Healthcare of WA, Inc Receipt For: Primary General Other (specify) ▼ | Occupation Sales Aggregate Year-to-Date ▼ 416.80 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | 1632.05 |
| TOTAL This Period (last page this line number or | nly) | |

FOR LINE NUMBER: PAGE 34 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Deborah Miller, Deborah Miller Date of Receipt Mailing Address 3622 Petaluma Ave 2014 09 26 City Zip Code State Transaction ID: C2849155 CA Long Beach 90808 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of CA Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rhonda S Mock Date of Receipt Mailing Address 2672 Westview Dr 09 26 2014 City State Zip Code Transaction ID: C2848973 CA Lincoln 95648-8279 Amount of Each Receipt this Period FEC ID number of contributing 145.88 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 416.80 Other (specify) Full Name (Last, First, Middle Initial) c. J Mario Molina, Joseph Molina Date of Receipt Mailing Address 1311 Chelten Way 2014 09 26 City State Zip Code Transaction ID: C2848950 CA South Pasadena 91030 Amount of Each Receipt this Period FEC ID number of contributing 1346.17 С federal political committee. Name of Employer Occupation CEO Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 3770.59 Other (specify) 1632.05 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 35 OF 70 Use separate schedule(s) (check only one)

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| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) John C Molina Mailing Address 5668 E Naples Cnl St City Long Beach FEC ID number of contributing | State Zip Code CA 90803 | Date of Receipt 09 26 2014 Transaction ID : C2848949 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | C Occupation Healthcare Financing Aggregate Year-to-Date ▼ 3846.14 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Brian P Monsen Mailing Address 8023 Peregrine PI City | State Zip Code | Date of Receipt 09 26 2014 Transaction ID : C2848957 |
| Sandy FEC ID number of contributing federal political committee. | UT 84094-1603 | Amount of Each Receipt this Period 134.75 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | Occupation Dir, Strategic Planning Aggregate Year-to-Date ▼ 385.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Liatrice Munnerlyn, Liat Munnerlyr Mailing Address 3257 Payday Lane | n | Date of Receipt 09 26 2014 |
| City Columbus FEC ID number of contributing federal political committee. | State Zip Code OH 43232 | Transaction ID : C2849122 Amount of Each Receipt this Period 145.88 |
| Name of Employer Molina Healthcare of Ohio Receipt For: Primary General Other (specify) ▼ | Occupation Health Care Administrator Aggregate Year-to-Date ▼ 416.80 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | • | 1626.80 |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Mitchel J Newberry Date of Receipt Mailing Address 23203 Cardigan Chase 2014 26 City State Zip Code Transaction ID: C2848960 TX San Antonio 78260 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of TX, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Norman Nichols, Norman Nichols Date of Receipt Mailing Address 17716 Eaglewood Drive 09 26 2014 City State Zip Code Transaction ID: C2849115 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Molina Medicaid Solutions ΙT Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Novello, James Novello Date of Receipt Mailing Address 405 Castilian Way 2014 09 26 City State Zip Code Transaction ID: C2849007 CA San Mateo 94402-2327 Amount of Each Receipt this Period FEC ID number of contributing C 145.88 federal political committee. Name of Employer Occupation Molina Healthcare of California, Inc. Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 416.80 Other (specify) 635.88 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 37 OF 70 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Joseph H Otero Date of Receipt Mailing Address 4509 Copper Knoll Circle 2014 09 26 City Zip Code State Transaction ID: C2849226 KY Lexington 40514 Amount of Each Receipt this Period FEC ID number of contributing C 280.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Medicaid Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Raymond Otley Date of Receipt Mailing Address 431 Upshire Circle 09 26 2014 City State Zip Code Transaction ID: C2849062 MD Gaithersburg 20878 Amount of Each Receipt this Period FEC ID number of contributing 273.00 federal political committee. Name of Employer Occupation Molina Healthcare Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 507.00 Other (specify) Full Name (Last, First, Middle Initial) c. Domenico K Pagone Date of Receipt Mailing Address 13412 Montecito 2014 09 26 City State Zip Code Transaction ID: C2848974 CA Tustin 92782-8802 Amount of Each Receipt this Period FEC ID number of contributing 145.88 С

698.88 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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Aggregate Year-to-Date ▼

* Payroll Deduction:

federal political committee.

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Primary

Receipt For:

Molina Healthcare, Inc.

Other (specify)

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FOR LINE NUMBER: PAGE 38 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Taft Parsons Date of Receipt Mailing Address 995 Henley St 2014 09 26 City Zip Code State Transaction ID: C2849054 Birmingham MI 48009-5611 Amount of Each Receipt this Period FEC ID number of contributing C 145.88 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 416.80 Other (specify) Full Name (Last, First, Middle Initial) **B.** Edgard D Perez Date of Receipt Mailing Address 1919 SW 10 Street 09 26 2014 City State Zip Code Transaction ID: C2849193 FL Miami 33135 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Molina Healthcare of FL Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Clark Phillip, Jr. Date of Receipt Mailing Address 1951 North Smokerise Way 09 26 2014 City Zip Code State Transaction ID: C2849231 SC Mount Pleasant 29466 Amount of Each Receipt this Period FEC ID number of contributing 273.00 С federal political committee. Name of Employer Occupation Molina Healthcare of SC Heathcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 390.00 Other (specify) 593.88 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Mary Frances Piecuch Date of Receipt Mailing Address 115 Winifred Drive 2014 09 26 City State Zip Code Transaction ID: C2849221 Aurora IL 60506 Amount of Each Receipt this Period FEC ID number of contributing C 134.75 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of IL Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 211.75 Other (specify) Full Name (Last, First, Middle Initial) B. David Pingree, David Pingree Date of Receipt Mailing Address 8711 Shawnee Street 09 26 2014 City State Zip Code Transaction ID: C2849024 Philadelphia PA 19118-3709 Amount of Each Receipt this Period FEC ID number of contributing 728.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 2080.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Pollack, David Pollack Date of Receipt Mailing Address 10952 Pine Lodge Trail 09 26 2014 Zip Code City State Transaction ID: C2849129 FL Davie 33328 Amount of Each Receipt this Period FEC ID number of contributing 875.00 С federal political committee. Name of Employer Occupation Information Requested Molina Healthcare of FL Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 2050.00 Other (specify) 1737.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Kenneth Preede, Kenneth Preede | | | Da | ite of | Red | ceipt | | | | |
| Mailing Address 13505 Point Pleasant Drive | | | | 09 | / | 26 | | Y | 2014 | Y |
| City | State | Zip Code | Т | ransa | acti | on ID | : C28 | 49014 | Į. | |
| Chantilly | VA | 20151 | Am | nount | of I | Each I | Recei | ipt this | s Perioc | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 7 | 210 | 0.00 |
| Name of Employer | Occupation | | | | | | | | | |
| | Govt Relation | ons | | | | | | | | |
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| Primary General Other (specify) ▼ | | 600.00 | * Pa | ayroll I | Ded | luction | : | | | |
| Full Name (Last, First, Middle Initial) 3. Ashley Marie Prentice | | | Da | ite of | Red | ceipt | | | | |
| Mailing Address 1516 S. Wabash Ave., Unit 203 | | | M | 07 | / | 18 | - 1 | Y | 2014 | Y |
| City | State | Zip Code | Т | ransa | actio | on ID : | : C28 | 02534 | | |
| Chicago | IL | 60605 | An | nount | of I | Each I | Recei | ipt this | s Period | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 7 | 38 | .50 |
| Name of Employer | Occupation | | \dashv | | | | | | | |
| Molina Healthcare of NM | Healthcare / | Administration | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| Primary General Other (specify) ▼ | | 288.75 | * Pa | yroll [| Ded | uction | : | | | |
| Full Name (Last, First, Middle Initial) C. John Puente, John Puente | | | Da | ite of | Red | ceipt | | | | |
| Mailing Address 5 Silmark Ct | | | M | 09 | / | 26 | _ | Y | 2014 | Y |
| City Sacramento | State CA | Zip Code 95831-4823 | | | | on ID | | | | |
| | | 93031-4023 | Am | nount | of I | Each F | Recei | ipt this | s Period | |
| FEC ID number of contributing federal political committee. | С | | | | _ | , | _ | 7 | 679 | 9.00 |
| Name of Employer | Occupation | | | | | | | | | |
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| Primary General Other (specify) ▼ | | 1445.00 | * Pa | ayroll | Dec | duction | 1: | | | |
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| for each category of the Detailed Summary Page | × | 11a | | 11b | | 11c | 12 | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Pamela M Richardson Date of Receipt Mailing Address 20225 Bothell Everett Hwy #722 2014 26 City Zip Code State Transaction ID: C2849236 WA 98012 Bothell Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of WA Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michelle R Roan Date of Receipt Mailing Address P.O. Box 111, 301 Jefferson St 09 26 2014 City State Zip Code Transaction ID: C2849130 IL Toledo 62468 Amount of Each Receipt this Period FEC ID number of contributing 145.88 federal political committee. Name of Employer Occupation Molina Healthcare of IL Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 416.80 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Robison, Robert Robison Date of Receipt Mailing Address 3061 Waukeegan Ave 2014 09 26 City Zip Code State Transaction ID: C2919282 OH Lewis Center 43235 Amount of Each Receipt this Period FEC ID number of contributing 175.00 С federal political committee. Name of Employer Occupation Molina Healthcare Oh physician Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: biweekly \$25.00 500.00 Other (specify)

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FEC Schedule A (Form 3X) Rev. 02/2003

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 117 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Glenda Ronning Date of Receipt Mailing Address 829 1/2 E. Ocean Blvd. 2014 26 City State Zip Code Transaction ID: C2849071 CA Long Beach 90802 Amount of Each Receipt this Period FEC ID number of contributing C 280.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. **Human Resources** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anne Rote, Anne Rote Date of Receipt Mailing Address 5519 Purdue 09 26 2014 City State Zip Code Transaction ID: C2849143 Dallas TX 75209 Amount of Each Receipt this Period FEC ID number of contributing 280.00 federal political committee. Name of Employer Occupation Molina Healthcare of TX Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa A Rubino Date of Receipt Mailing Address 19415 Ironwood Ln 2014 09 26 State Zip Code Transaction ID: C2848998 CA **Huntington Beach** 92648-5566 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of CA, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1000.00 Other (specify) 910.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 43 OF 70

| ITEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | (check on X 11a 13 | ly one) 11b 11c 12 14 15 16 17 |
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| | nformation copied from such Reports and S commercial purposes, other than using the | | | erson for the | purpose of soliciting contributions |
| · \ | ME OF COMMITTEE (In Full) olina Healthcare, Inc. PAC | | | | |
| A . <u>J</u> | Il Name (Last, First, Middle Initial) oseph Rydel iiling Address 27081 S Ridge Dr | | | Date o | of Receipt |
| Cit | V | State | Zip Code | 09 | 26 2014 saction ID : C2849076 |
| | ssion Viejo | CA | 92692-5015 | | nt of Each Receipt this Period |
| | C ID number of contributing leral political committee. | С | | | 350.00 |
| Na | me of Employer | Occupation | | | |
| | olina Healthcare, Inc. | Healthcare | Administration | | |
| Re | ceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 550.00 | * Payrol | I Deduction: |
| | Il Name (Last, First, Middle Initial) Olly Saelens Saelens Bartleson | | | Date o | of Receipt |
| Ma | illing Address 5049 Ederton Pl | | | 09 | 26 2014 |
| Cit | y ew Albany | State OH | Zip Code 43054-9460 | | saction ID : C2849244 |
| FE | C ID number of contributing leral political committee. | С | 13034 3400 | Amour | nt of Each Receipt this Period |
| | me of Employer lina Healthcare of OH | Occupation Healthcare | Administrator | | |
| Re | ceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 416.80 | * Payrol | I Deduction: |
| | I Name (Last, First, Middle Initial) Inya Sage | | | Date o | of Receipt |
| Ma | iling Address 16125 Kasson Road | | | M N | |
| Cit | y ople Valley | State CA | Zip Code 92307 | | saction ID : C2849178 |
| FE | C ID number of contributing | C | 92301 | Amour | nt of Each Receipt this Period |
| fec | leral political committee. | O . | | | |
| Na | me of Employer | Occupation | | | |
| | olina Healthcare ceipt For: | | Administrator | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 260.00 | * Payrol | Il Deduction: |
| SUB | TOTAL of Receipts This Page (optional) | | | | 635.88 |
| тот | AL This Period (last page this line number | only) | | | |

FOR LINE NUMBER: (check only one) PAGE 44 OF 70 Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| | I Statements may not be sold or used by any per the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Therese M Samarco Mailing Address 3747 Wakefield Rd City Berkley FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | State Zip Code MI 48072-1407 C Occupation Information Requested Aggregate Year-to-Date ▼ 211.75 | Date of Receipt 09 26 2014 Transaction ID : C2849083 Amount of Each Receipt this Period 134.75 * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. Diane Melinda Sanchez Mailing Address 1078 Bernalito Ct City Bernalillo FEC ID number of contributing federal political committee. | State Zip Code NM 87004-6261 | Date of Receipt 09 26 2014 Transaction ID: C2848939 Amount of Each Receipt this Period |
| Name of Employer Molina Healthcare of CA, Inc Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation SMO Operations Aggregate Year-to-Date ▼ 500.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Richard Sanchez, Richar Sanch Mailing Address 4901 N Avenida de Franelu City Tucson | | Date of Receipt 08 01 2014 Transaction ID: C2829477 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare of CA, Inc Receipt For: Primary General Other (specify) | Occupation Medical Officer Aggregate Year-to-Date ▼ 336.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional). | • | 372.75 |
| TOTAL This Period (last page this line number | er only) | |

FOR LINE NUMBER: PAGE 45 OF 70

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | son for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Zarina Shockley-Sparli Shockley-Spa Mailing Address 14221 Fontana St City Leawood FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | State Zip Code KS 66224-1154 C Occupation Regional VP Aggregate Year-to-Date ▼ 769.20 | Date of Receipt Mark |
| Full Name (Last, First, Middle Initial) Michael M Siegel Mailing Address 2008 Glencoe Ave | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Venice | State Zip Code CA 90291-4007 | Transaction ID : C2849008 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | Occupation Medical Director Aggregate Year-to-Date ▼ 1000.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Deborah Simkins, Debora Simkin Mailing Address 4715 E Shaw St | S | Date of Receipt |
| City Long Beach | State Zip Code CA 90803-1724 | Transaction ID : C2848979 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 105.00 |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | Occupation Healthcare Administration (IT) Aggregate Year-to-Date ▼ 300.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | > | 724.22 |
| TOTAL This Period (last page this line number | only) | |

FOR LINE NUMBER: (check only one) PAGE 46 OF 70 Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Liana Crista Smith Mailing Address 1317 S Pearl Ave City Compton FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary General | State Zip Code CA 90221-4909 C Occupation Clients Accounts Aggregate Year-to-Date ▼ | Date of Receipt 09 26 2014 Transaction ID: C2848946 Amount of Each Receipt this Period 77.00 * Payroll Deduction: |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Margaret E Smith Mailing Address 289 Brookforest Dr | | Date of Receipt 09 26 2014 |
| City Cincinnati FEC ID number of contributing federal political committee. | State Zip Code OH 45238-5607 | Transaction ID : C2849215 Amount of Each Receipt this Period 145.88 |
| Name of Employer Molina Healthcare of OH Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation Healthcare Administration Aggregate Year-to-Date ▼ 229.24 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Cameron McLean Smyth Mailing Address 24802 Cerezo Court City | State Zip Code | Date of Receipt 09 26 2014 Transaction ID : C2849028 |
| FEC ID number of contributing federal political committee. | CA 91321 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Molina Healthcare, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Government Relations Aggregate Year-to-Date ▼ 1000.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | 572.88 |
| TOTAL This Period (last page this line number | only) | |

| | FOR LINE | NUMBER | : PAGE | E 47 OF | 70 |
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| Detailed Summary Page | X 11a | 11b | 11c | 12 | |
| | 13 | 14 | 15 | 16 | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Doug Springmeyer, Do Springmeyer Date of Receipt Mailing Address 8912 S Shady Meadow Dr 2014 09 26 City Zip Code State Transaction ID: C2849235 UT Sandy 84093-7002 Amount of Each Receipt this Period FEC ID number of contributing 700.00 federal political committee. Name of Employer Occupation Health Care Administrator Molina Healthcare of Utah Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1465.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas M. Standring Date of Receipt Mailing Address 148 S. Country Club Road 09 26 2014 City State Zip Code Transaction ID: C2848983 CA Glendora 91741 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Molina Healthcare Ic Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tabitha F Stokes Date of Receipt Mailing Address 8105 Wendy Lane 2014 09 26 City Zip Code State Transaction ID: C2849086 TX Benbrook 76116 Amount of Each Receipt this Period FEC ID number of contributing 175.00 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 48 OF 70 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Kimberly J. Sweers-Parker Date of Receipt Mailing Address 2109 W Summerland St 2014 09 26 City Zip Code State Transaction ID: C2848999 CA Rancho Palos Verdes 90275-1328 Amount of Each Receipt this Period FEC ID number of contributing C 538.44 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Syiek, Mary Syiek Date of Receipt Mailing Address 6662 Gate Hill Circle 09 26 2014 City State Zip Code Transaction ID: C2849023 CA **Huntington Beach** 92648 Amount of Each Receipt this Period FEC ID number of contributing 1351.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 2573.00 Other (specify) Full Name (Last, First, Middle Initial) c. Luis A Sylvester Date of Receipt Mailing Address P.O. Box 307481 09 26 2014 City Zip Code State Transaction ID: C2849239 St Thomas V١ 00803 Amount of Each Receipt this Period FEC ID number of contributing 273.00 С federal political committee. Name of Employer Occupation Healthcare Administration Molina Medicaid Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 780.00 Other (specify) 2162.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 49 OF 70 Use separate schedule(s)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any pre- e name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) A. John Tanner | | Date of Receipt |
| Mailing Address 144 S. Calle Grande | | 09 26 2014 |
| City | State Zip Code | Transaction ID: C2849040 |
| Orange | CA 92869 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 140.00 |
| Name of Employer | Occupation | |
| Molina Healthcare, Inc. | Healthcare Administration | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) 3. Stacey Taylor | | Date of Receipt |
| Mailing Address 133 Corona Ave Apt 2 | | 09 26 2014 |
| City | State Zip Code | Transaction ID : C2849082 |
| Long Beach | CA 90803-3390 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 134.75 |
| Name of Employer | Occupation | |
| Molina Healthcare, Inc. | Human Resourses | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 211.75 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Amy Tenhouse, Amy Tenhouse | | Date of Receipt |
| Mailing Address 628 S. Taylor Street | | 09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : C2849012 |
| Arlington | VA 22204 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 294.00 |
| Name of Employer | Occupation | |
| Molina Healthcare Ic | Government Relations | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 840.00 | * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | 568.75 |
| TOTAL This Period (last page this line number | only) | |

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Sor for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | | |
| Full Name (Last, First, Middle Initial) Richard L Tompkins Mailing Address 35465 Shade Tree Road City Yucaipa FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare of CA Receipt For: Primary General Other (specify) Other (specify) | State Zip Code CA 92399 C Occupation Healthcare Administrator Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 09 26 2014 Transaction ID: C2849037 Amount of Each Receipt this Period 175.00 * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Michelle Tranquilli, Mic Tranquilli Mailing Address 1221 Michigan Court City Alexandria FEC ID number of contributing federal political committee. | State Zip Code VA 22314 | Date of Receipt 9 26 2014 Transaction ID: C2849025 Amount of Each Receipt this Period |
| Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Government Administration Aggregate Year-to-Date ▼ 612.00 | * Payroll Deduction: |
| Full Name (Last, First, Middle Initial) Cynthia Van Scoten Mailing Address 9550 South Equestrian Place City Sandy FEC ID number of contributing federal political committee. Name of Employer Molina Healthcare, Inc. Receipt For: Primary General Other (specify) | State Zip Code UT 84092 C Occupation Healthcare Administration Aggregate Year-to-Date ▼ 255.00 | Date of Receipt 9 26 2014 Transaction ID: C2848956 Amount of Each Receipt this Period 105.00 * Payroll Deduction: |
| SUBTOTAL of Receipts This Page (optional) | | 553.00 |
| TOTAL This Period (last page this line number of | only) | |

FOR LINE NUMBER: PAGE 51 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Jose M Venedicto Date of Receipt Mailing Address 10861 SW 93rd St 2014 09 26 City State Zip Code Transaction ID: C2849219 FL Miami 33176-2647 Amount of Each Receipt this Period FEC ID number of contributing C 134.75 federal political committee. Name of Employer Occupation Healthcare Administration Molina Healthcare of FL Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 211.75 Other (specify) Full Name (Last, First, Middle Initial) B. Chad Westover, Chad Westover Date of Receipt Mailing Address 9075 Canyon Gate Circle 09 26 2014 City State Zip Code Transaction ID: C2849127 UT Sandy 84093 Amount of Each Receipt this Period FEC ID number of contributing 770.00 federal political committee. Name of Employer Occupation Molina Healthcare of UT Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph W. White Date of Receipt Mailing Address 3521 Loma View Dr 2014 09 26 City State Zip Code Transaction ID: C2848941 CA Altadena 91001-3938 Amount of Each Receipt this Period FEC ID number of contributing 1346.17 С federal political committee. Name of Employer Occupation Healthcare Finance Molina Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 3846.20 Other (specify) 2250.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

FOR LINE NUMBER: PAGE 52 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Keith Wilson Date of Receipt Mailing Address 2102 Indian Creek Road 2014 26 City Zip Code State Transaction ID: C2849067 CA Diamond Bar 91765 Amount of Each Receipt this Period FEC ID number of contributing C 700.00 federal political committee. Name of Employer Occupation Healthcare Administration Molina Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joann Zarza-Garrido Date of Receipt Mailing Address 9550 Westbourne Ct 09 26 2014 City State Zip Code Transaction ID: C2848952 CA Cypress 90630-2760 Amount of Each Receipt this Period FEC ID number of contributing 273.00 federal political committee. Name of Employer Occupation Molina Healthcare, Inc. Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 1163.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Ann Zerda Date of Receipt Mailing Address 2716 Williams Ave N 09 26 2014 City Zip Code State Transaction ID: C2848955 WA Renton 98056-1468 Amount of Each Receipt this Period FEC ID number of contributing 105.00 С federal political committee. Name of Employer Occupation Molina Healthcare Healthcare Administration Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: 300.00 Other (specify) 1078.00 SUBTOTAL of Receipts This Page (optional)..... 49417.36 TOTAL This Period (last page this line number only).....

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| SCHEDULE B (FEC Form 3X) | 11 | FOR LINE NUMBER: PAGE 5 | | |
|--|--|-------------------------|---------------------|-------------------------------|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | (orlean orli) | | |
| | Detailed Summary Page | | 22 23 28a 28l | 24 25 26 28c 29 30b |
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| NAME OF COMMITTEE (In Full) | le and address of any poli | tical committee to | Solicit contributio | ns from such committee. |
| Molina Healthcare, Inc. PAC | | | | |
| / | | | | |
| Full Name (Last, First, Middle Initial) A. EastWestBank | | | Date of Disbur | sement |
| | | | | D / Y Y Y Y Y |
| Mailing Address 23737 Hawthorne Blvd | | | 07 | 02 2014 |
| City | State Zip Code | | Transaction | ID · D162077 |
| Torrance Purpose of Disbursement | CA 90505 | 1 | Transaction | ID . D102011 |
| bank fee | | | Amount of Eac | ch Disbursement this Period |
| Candidate Name | | Category/ | | 76.10 |
| Office Sought: House Disburser | ment For: 2014 | Туре | - | 70.10 |
| Senate Sought. | Primary Seneral | | | |
| President | Other (specify) ▼ | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbur | aamant |
| B. EastWestBank | | | | sement |
| Mailing Address 23737 Hawthorne Blvd | | | 08 | 04 2014 |
| City | State Zip Code | | | |
| Torrance | CA 90505 | | Transaction | ID : D162079 |
| Purpose of Disbursement bank fee | | | Amount of Foo | ch Disbursement this Period |
| Candidate Name | | | Amount of Eac | ar disbursement this Feriod |
| | | Category/ Type | | 76.00 |
| | nent For: 2014 | • | | |
| Senate President | Primary General | | | |
| State: District: | Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| C. EastWestBank | | | Date of Disbur | |
| Mailing Address 23737 Hawthorne Blvd | | | M M / D | 02 2014 |
| | | | | |
| City S Torrance | State Zip Code CA 90505 | | Transaction | ID : D162080 |
| Purpose of Disbursement | 90303 | | | |
| bank fee | | | Amount of Eac | ch Disbursement this Period |
| Candidate Name | | Category/ | | 76.00 |
| Office Sought: House Disburser | ment For: 2014 | Туре | | 7 |
| Senate | Primary General | | | |
| President | Other (specify) | | | |
| State: District: | | | | |
| CURTOTAL of Dishuman results This Base (a. ii) | | | | 228.10 |
| SUBTOTAL of Disbursements This Page (optional) | | ······ | | 220.10 |
| TOTAL This Period (last page this line number only) | | | | 228.10 |

| SCHEDULE B (FEC Form 3X) | Lico conorato cobadula/a | FOR LINE | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 |
| Any information copied from such Reports and Stator for commercial purposes, other than using the n | | | |
| NAME OF COMMITTEE (In Full) | | | |
| Molina Healthcare, Inc. PAC | | | |
| Full Name (Last, First, Middle Initial) | | | |
| A. FRIENDS OF JOHN BARROW | | | Date of Disbursement |
| Mailing Address 236 Massachusetts Ave SE | | | 08 27 2014 |
| City | State Zip Code | | Transaction ID : D160672 |
| Washington | DC 20002 | | 1141104041011 12 1 2 10001 2 |
| Purpose of Disbursement support re elect | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| John Barrow | | Type | 1000.00 |
| Office Sought: House Disburs Senate President | ement For: Primary General Other (specify) | | |
| State: GA District: 12 | | | |
| Full Name (Last, First, Middle Initial) | | | |
| 3. Graham for Congress | | | Date of Disbursement |
| Mailing Address PO Box 310 | | | 09 10 2014 |
| City | State Zip Code | | Transaction ID : D160975 |
| Tallahassee Purpose of Disbursement | FL 32302-0310 | | |
| support election | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 3000.00 |
| Gwen Graham | . = | Type | 3000.00 |
| Office Sought: House Disburs | ement For: 2012 Primary | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| Hansen Clarke For Congress | | | |
| Mailing Address 14600 Mack Avenue | | | 08 05 2014 |
| City | State Zip Code | | Transaction ID : D160321 |
| Detroit | MI 48215 | | Transaction ib . D100321 |
| Purpose of Disbursement support | | | |
| Candidate Name | | | Amount of Each Disbursement this Period |
| Hon Hansen Clarke | | Category/ Type | 1000.00 |
| | ement For: Primary General Other (specify) | Турс | |
| State: MI District: 14 | | | |
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| SCHEDULE B (FEC Form 3X) | Han an annual of the | FOR LINE | PAGE 55 OF 70 | |
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| | ie and address of any po | milical committee to | Solicit Contributions from | ii sucii confillillee. |
| NAME OF COMMITTEE (In Full) | | | | |
| Molina Healthcare, Inc. PAC | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishamana | + |
| A. VOLUNTEERS FOR SHIMKUS | | | Date of Disbursemen | t |
| Mailing Address P.O. BOX 661 | | | 09 18 | 2014 |
| , | State Zip Code | | Transaction ID : D1 | 61686 |
| COLLINSVILLE Purpose of Disbursement | IL 62234 | | Transaction 15 . 51 | 01000 |
| support re election | | | Amount of Each Disb | oursement this Period |
| Candidate Name | | Category/ | | 1000.00 |
| John Shimkus Office Sought: House Disbursen | nent For: 2014 | Туре | 7 | , |
| | Primary | ı | | |
| State: IL District: 19 | 、 , | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. KEVIN MCCARTHY FOR CONGR | ESS | | Date of Disbursemen | t |
| Mailing Address PO Box 12667 | | | 09 22 | 2014 |
| | State Zip Code | | Transaction ID : D1 | 61673 |
| Bakersfield Purpose of Disbursement | CA 93389 | | | |
| support re elect | | | Amount of Each Disb | oursement this Period |
| Candidate Name | | Category/ | | |
| Rep. Kevin McCarthy | | Type | | 5000.00 |
| Senate President | nent For: 2014 Primary ∑ Genera Other (specify) ▼ | ı | | |
| State: CA District: 22 Full Name (Last, First, Middle Initial) | | | | |
| C. COMMITTEE TO RE-ELECT LORI | ETTA SANCHEZ | | Date of Disbursemen | t |
| Mailing Address 1212 S. Victory Blvd. | | | 09 / 29 | 2014 |
| City | State Zip Code | | Transaction ID : D1 | 61671 |
| | CA 91502 | | เาลเเจลนแบบ เม . มา | 010/1 |
| Purpose of Disbursement support re-election | | | A | |
| Candidate Name | | <u> </u> | Amount of Each Dish | oursement this Period |
| Loretta Sanchez | | Category/ Type | | 2500.00 |
| Office Sought: House Disbursen Senate President | nent For: 2014 Primary | - | | |
| State: CA District: 46 | | | | |
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| NAME OF COMMITTEE (In Full) | | | |
| Molina Healthcare, Inc. PAC | | | |
| Full Name (Last, First, Middle Initial) | | | |
| A. MIKE THOMPSON FOR CONGRI | ESS | | Date of Disbursement |
| Mailing Address 5400 M. U. A | | | M M / D D / Y Y Y Y |
| Mailing Address 5429 Madison Avenue | | | 08 05 2014 |
| City | State Zip Code | | |
| Sacramento | CA 95841 | | Transaction ID : D160312 |
| Purpose of Disbursement | | | |
| support re elect | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 2000.00 |
| Mike Thompson | mant Fam. 2211 | Type | 200.00 |
| Office Sought: House Disburse Senate | ment For: 2014 Primary | | |
| President | Primary | | |
| State: CA District: 01 | outer (opoony) ▼ | | |
| Full Name (Last, First, Middle Initial) | | | |
| 3. Moolenaar for Congress | | | Date of Disbursement |
| Widelightan for Gengless | | | M M / D D / Y Y Y Y |
| Mailing Address 5915 Eastman Ave Suite 100 | | | 09 16 2014 |
| City | State Zip Code | | Transaction ID : D161674 |
| Midland | MI 48640 | | |
| Purpose of Disbursement support election | | | Amount of Each Disbursement this Period |
| Candidate Name | | | Amount of Each Disbursement this Feriou |
| John Moolenaar | | Category/ Type | 1000.00 |
| | ment For: 2014 | .,,,,, | , |
| Senate | Primary General | | |
| President | Other (specify) ▼ | | |
| State: MI District: 04 | | | |
| Full Name (Last, First, Middle Initial) | | | |
| C. Pete Aguilar for Congress | | | Date of Disbursement |
| Mailing Address 499 S. Capitol St, SW, Suite 422 | | | 07 09 2014 |
| Walling Address 499 S. Capitol St, SVV, Suite 422 | | | 07 00 2014 |
| City | State Zip Code | | Transaction ID - D400244 |
| Washington | DC 20003 | | Transaction ID : D160314 |
| Purpose of Disbursement support | | | |
| Candidate Name | | | Amount of Each Disbursement this Period |
| Hon Pete Aguilar | | Category/ | 1000.00 |
| | ment For: 2014 | Туре | |
| Senate | Primary General | | |
| President | Other (specify) ▼ | | |
| State: CA District: 31 | · · · · · · · · · · · · · · · · · · · | | |
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| Molina Healthcare, Inc. PAC | | | | |
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| Full Name (Last, First, Middle Initial) | | | Date of Disburseme | |
| A. BERA FOR CONGRESS | | | Date of Disburseme | ent |
| Mailing Address POST OFFICE BOX 582496 | | | 09 15 | 2014 |
| City | State Zip Code | | Transaction ID - F | 7161720 |
| ELK GROVE | CA 95758 | | Transaction ID : [| J101720 |
| Purpose of Disbursement support re-elect | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | 2500.00 |
| Rep. Ami Bera Office Sought: House Disburser | nent For: 2014 | Туре | | 200.00 |
| Office Sought: House Disburser Senate | Primary Seneral | | | |
| President | Other (specify) | | | |
| State: CA District: 07 | • • | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| ENYART FOR CONGRESS | | | Date of Disburseme | ent |
| Mailing Address DO DOV 200 | | | 09 17 | / Y Y Y Y Y Y 2014 |
| Mailing Address PO BOX 308 | | | 09 17 | 2014 |
| • | State Zip Code | | Transaction ID : I | D161692 |
| BELLEVILLE Purpose of Disbursement | IL 62222 | | | |
| support | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | |
| Rep. Bill Enyart | | Type | | 1000.00 |
| | nent For: 2014 | | | |
| | Primary General | | | |
| State: IL District: 12 | Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| JOHNSON FOR CONGRESS | | | Date of Disburseme | ent |
| Martin Address E. S. Sarris | | | M = M / D = D | / |
| Mailing Address P.O. BOX 14496 | | | 09 15 | 2014 |
| City | State Zip Code | | Transaction ID - I | 2161604 |
| POLAND | OH 44514 | | Transaction ID : [| 94טוטוע |
| Purpose of Disbursement support | | | | |
| Candidate Name | | البيا | Amount of Each Dis | sbursement this Period |
| Rep. Bill Johnson | | Category/ Type | | 1000.00 |
| • | nent For: 2014 | 7,6-5 | | |
| Senate | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: OH District: 06 | | | | |
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| Molina Healthcare, Inc. PAC | | | | |
| Full Name (Last, First, Middle Initial) | | | Date (Dir | |
| A. FRIENDS OF DAVE REICHERT | | | Date of Disburseme | |
| Mailing Address P. O. Box 2032 | | | 07 09 | 2014 |
| , | State Zip Code | | Transaction ID : D | 0160318 |
| Issaquah | WA 98027 | | mansacutii ib . L | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Purpose of Disbursement support | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | 2500.00 |
| Rep. Dave Reichert | | Type | | 2500.00 |
| | nent For: 2014 | | | |
| | Primary General | | | |
| State: WA District: 08 | Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. DEVIN NUNES CAMPAIGN COM | MITTEE | | Date of Disburseme | ent |
| DEVINITIONED OAMI AION COM | VIII I L. L. | | M M / D D | / |
| Mailing Address PO BOX 6545 | | | 07 09 | 2014 |
| , | State Zip Code | | Transaction ID : [| 0160316 |
| VISALIA | CA 93290 | | | |
| Purpose of Disbursement support | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | 2 2. 2 BK | |
| Rep. Devin Nunes | | Type | | 1000.00 |
| Office Sought: House Disbursen | nent For: | | | |
| | Primary General | | | |
| | Other (specify) ▼ | | | |
| State: CA District: 21 | | | | |
| Full Name (Last, First, Middle Initial) C. JIM RENACCI FOR CONGRESS | | | Date of Disburseme | ent |
| ON REPURCE FOR CONCRECE | | | M M / D D | / Y Y Y Y Y |
| Mailing Address 150 SMOKERISE DRIVE | | | 09 10 | 2014 |
| City | State Zip Code | | | .400=0 |
| WADSWORTH | OH 44281 | | Transaction ID : I | 0160976 |
| Purpose of Disbursement | | | | |
| support election | | | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | 1000.00 |
| Rep. James B. Renacci Office Sought: House Disbursen | nent For: 2014 | Туре | | 1000.00 |
| | Primary Seneral | | | |
| President | Other (specify) | | | |
| State: OH District: 16 | - \-\ | | | |
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| NAME OF COMMITTEE (In Full) | | , | | | | 32.3 0 | | |
| Molina Healthcare, Inc. PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| A. JULIA BROWNLEY FOR CONGR | ESS | | | Date of | Disburseme | | YYY | _ |
| Mailing Address PO BOX 2018 | | | | 09 | 15 | | 014 | _ |
| City | State Zip C | Code | | T | atian ID - D | 404704 | | |
| THOUSAND OAKS | CA 9135 | 58 | | iransa | ction ID : D | 161721 | | |
| Purpose of Disbursement support re-elect | | | | Amount | of Each Dis | bursemen | t this Pe | riod |
| Candidate Name | | | Category/ | | | | 1000.0 | 10 |
| Rep. Julia Brownley | . = | | Type | | 7 | 7 | 1000.0 | Ų |
| Office Sought: House Disburse Senate President | ment For: 2014 Primary Other (specify) | General | | | | | | |
| State: CA District: 26 | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | <u> </u> | |
| B. KENNY MARCHANT FOR CONG | RESS | | | Date of | Disburseme | | YYY | 7 |
| Mailing Address PO BOX 110187 | | | | 09 | 10 | 2 | 014 | |
| City CARROLLTON | State Zip C | | | Transa | ction ID : D | 160977 | | |
| Purpose of Disbursement support election | | Г | | Amount | of Each Dis | bursemen | t this Pe | eriod |
| Candidate Name | | | Category/ | | | | | |
| Rep. Kenny Marchant | | | Type | | -, | - | 1000.0 |)0 |
| Office Sought: House Disburse | ment For: 2012 Primary Other (specify) | General | | | | | | |
| Full Name (Last, First, Middle Initial) C. COMMITTEE TO RE-ELECT LINE | DA SANCHEZ | <u>Z</u> | | Date of | Disburseme | nt | | |
| Mailing Address 410 1ST ST SE Suite 310 | | | | 09 | 17 | | 014 |] |
| | State Zip C | Code | | | | | | |
| WASHINGTON | DC 2000 | | | Transa | ction ID : D | 161690 | | |
| Purpose of Disbursement | | | | | | | | |
| support | | | | Amount | of Each Dis | bursemen | t this Pe | riod |
| Candidate Name | | | Category/ | | | | 2500.0 | 00 |
| Rep. Linda T. Sanchez Office Sought: House Disburse Senate | ment For: 2014 Primary | General | Туре | | 7 | 7 | | _ |
| State: CA District: 38 | Other (specify) | • | | | | | | |
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| Full Name (Last, First, Middle Initial) A. MARK TAKANO FOR CONGRESS Mailing Address PO BOX 5214 | ; | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| , | tate Zip Code CA 92517 | | Transaction ID : D161672 Amount of Each Disbursement this Period |
| Candidate Name Rep. Mark Takano Office Sought: House Senate Disbursem | nent For: 2014 Primary General Other (specify) | Category/ Type | 1000.00 |
| State: CA District: 41 Full Name (Last, First, Middle Initial) B. FRIENDS OF MICHELLE Mailing Address P.O. BOX 25422 | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ALBUQUERQUE Purpose of Disbursement support Candidate Name Rep. Michelle Lujan Grisham Office Sought: House Senate | tate Zip Code NM 87125 Dient For: 2014 Primary General Other (specify) | Category/ Type | Transaction ID : D161718 Amount of Each Disbursement this Period 1000.00 |
| Full Name (Last, First, Middle Initial) C. RODNEY FOR CONGRESS Mailing Address PO BOX 344 | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| TAYLORVILLE Purpose of Disbursement support re elect Candidate Name Rep. Rodney Davis Office Sought: House Senate Disbursem | tate Zip Code IL 62568 Hent For: Primary General Other (specify) | Category/ Type | Transaction ID : D160309 Amount of Each Disbursement this Period 1000.00 |
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| A. FRIENDS OF SAM JOHNSON Mailing Address P.O. Box 860096 | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| , | State Zip Code | | Transaction ID : D160308 |
| Plano Purpose of Disbursement support re elect Candidate Name | TX 75086 | Category/ | Amount of Each Disbursement this Period |
| Rep. Sam Johnson Office Sought: House Senate President State: TX District: 03 | ment For: 2014 Primary General Other (specify) | Type | , 1000.00 |
| Full Name (Last, First, Middle Initial) B. FRIENDS OF SAM JOHNSON Mailing Address P.O. Box 860096 | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Plano Purpose of Disbursement support | State Zip Code TX 75086 | | Transaction ID : D161693 Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| Rep. Sam Johnson Office Sought: House Senate President State: TX District: 03 | nent For: 2014 Primary General Other (specify) | Type | |
| Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS | | | Date of Disbursement |
| Mailing Address PO Box 37 | | | 08 05 2014 |
| City Roseville Purpose of Disbursement | State Zip Code MI 48066 | | Transaction ID : D160311 |
| support re elect Candidate Name Rep. Sander M. Levin | | Category/ Type | Amount of Each Disbursement this Period |
| Office Sought: House Disbursel | ment For: Primary General Other (specify) ▼ | 7. | |
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| Molina Healthcare, Inc. PAC | | | | | | | | |
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| A. SCALISE FOR CONGRESS | | | | Date of | Disburser | | Y | V |
| Mailing Address PO BOX 23219 | | | | 09 | 15 | | 2014 | |
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| JEFFERSON Burness of Dichursement | LA 701 | 83 | | mans | action ID : | פו זוסוע. | | |
| Purpose of Disbursement support re-election | | | | Amount | of Each [| Disburseme | nt this P | eriod |
| Candidate Name | | <u> </u> | Category/ | | | | 2500 | 00 |
| Rep. Steve Scalise | | | Type | | 7 | | 2500. | JU |
| | ment For: 2014 | Consti | | | | | | |
| Senate President | , | General | | | | | | |
| State: LA District: 01 | Other (specify) | • | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| B. GRASSLEY COMMITTEE INC | | | | Date of | Disburser | nent | | |
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| Mailing Address PO BOX 1000 | | | | 08 | 05 | | 2014 | |
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| Purpose of Disbursement support re elect | | | | Amount | of Each F | Disburseme | nt this P | eriod |
| Candidate Name | | L | Category | .54.11 | 2.5.1 1 | 25.110 | - | - |
| Sen. Charles E. Grassley | | | Category/ Type | | | | 1000. | .00 |
| | ment For: 2014 | I | | | | | | |
| | Primary | General | | | | | | |
| President | Other (specify) | • | | | | | | |
| State: IA District: 00 | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. JIM RISCH FOR U S SENATE CC | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | Date of | Disburser | nent | | |
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| Mailing Address 407 W JEFFERSON | | | | 09 | 10 | | 2014 | |
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| BOISE | ID 837 | | | Irans | action ID | : D160973 | | |
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| Candidate Name Sen. Jim Risch | | | Category/ | | | | 1000. | 00 |
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| Senate | | General | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | |
| Molina Healthcare, Inc. PAC | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. TEXANS FOR SENATOR JOHN | CORNYN INC | | Date of Disbursemer | nt |
| Mailing Address PO BOX 13026 | | | 09 / 22 | 2014 |
| City | State Zip Code | | Transaction ID - De | 104050 |
| AUSTIN | TX 78711 | | Transaction ID : D1 | 161336 |
| Purpose of Disbursement support re elect | | | Amount of Each Disk | oursement this Period |
| Candidate Name | | Category/ | | 2500.00 |
| Sen. John Cornyn | _ | Type | | 2300.00 |
| Office Sought: House Senate President Disburse | ment For: 2012 Primary | | | |
| State: TX District: 00 | , | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. HATCH ELECTION COMMITTEE | INC | | Date of Disbursemer | nt |
| Mailing Address 175 SOUTH WEST TEMPLE SU | TE 650 | | 07 09 | 2014 |
| City SALT LAKE CITY | State Zip Code UT 84101 | | Transaction ID : D | 160320 |
| Purpose of Disbursement support | | · · · · | Amount of Each Disk | oursement this Period |
| Candidate Name | | Category/ | | 4000.00 |
| Sen. Orrin G. Hatch | | Type | | 1000.00 |
| | ment For: 2014 Primary General Other (specify) ▼ | | | |
| State: UT District: 00 | 1 | | | |
| Full Name (Last, First, Middle Initial) C. Mike Rishon for Congress Commit | ttoo | | Date of Disbursemer | nt |
| C. Mike Bishop for Congress Commi | | | M M / D D | / Y Y Y Y |
| Mailing Address P.O. Box 1148 | | | 07 09 | 2014 |
| City Brighton | State Zip Code MI 48116 | | Transaction ID : D' | 160317 |
| Purpose of Disbursement support | 40110 | | | |
| Candidate Name | | | Amount of Each Disk | oursement this Period |
| Hon Mike Bishop | | Category/ Type | | 1000.00 |
| | ement For: | Туре | | 7 |
| Senate President | Primary General Other (specify) ▼ | | | |
| State: MI District: 08 | | | | |
| SUBTOTAL of Disbursements This Page (optional). | | ······ | | 4500.00 |
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| SCHEDULE B (FEC Form 3X) | Lloo concrete achertula/-\ | FOR LINE | PAGE 64 OF 70 | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | , | |
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| NAME OF COMMITTEE (In Full) | | | | |
| Molina Healthcare, Inc. PAC | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. Mike Bishop for Congress Committee | tee | | Date of Disbu | rsement |
| | | | M = M / E | D D / Y Y Y Y Y |
| Mailing Address P.O. Box 1148 | | | 09 | 17 2014 |
| City | State Zip Code | | | |
| Brighton | MI 48116 | | Transaction | ID : D161679 |
| Purpose of Disbursement | | | | |
| support | | | Amount of Ea | ch Disbursement this Period |
| Candidate Name Hon Mike Bishop | | Category/ | | 1000.00 |
| • | ment For: 2014 | Туре | 7 | |
| Senate | Primary General | | | |
| President | Other (specify) | | | |
| State: MI District: 08 | | | | |
| Full Name (Last, First, Middle Initial) B. | | | Data of Diche | rcomont |
| D. | | | Date of Disbu | |
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| Candidate Name | | Category/ | | |
| 000 | | Type | | |
| Office Sought: House Disburser Senate | nent For: Primary General | | | |
| President | Other (specify) | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| C. | | | Date of Disbu | |
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| Turpose of Disbursement | | | Amount of Ea | ch Disbursement this Period |
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| Office Sought: House Disburser | | | | |
| Senate President | Primary General Other (specify) ▼ | | | |
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| Any information copied from such Reports and Stater | | | on for the purpose of soliciting contributions | | | |
| or for commercial purposes, other than using the name | me and address of any po | olitical committee to | o solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| Molina Healthcare, Inc. PAC | | | | | | |
| Full Name (Last, First, Middle Initial) | | | But (St.) | | | |
| A. Texans for Charles Schwertner | | | Date of Disbursement | | | |
| Mailing Address PO Box 2448 | | | 09 29 2014 | | | |
| City | State Zip Code | | Transaction ID : D161732 | | | |
| Georgetown | TX 78627-2448 | 3 | 11411345HUII ID . D101/32 | | | |
| Purpose of Disbursement support | | | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ | 450.00 | | | |
| Charles Schwertner | | Type | 1500.00 | | | |
| | ment For: 2014 | | | | | |
| Senate President | Primary General | 11 | | | | |
| State: TX District: | Other (specify) ▼ | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| B. Citizens for Hottinger | | | Date of Disbursement | | | |
| Chizons for Hollinger | | | Man / Dan / Yayayay | | | |
| Mailing Address 2135 Horns Hill Rd | | | 09 29 2014 | | | |
| City | State Zip Code | | Transaction ID : D161727 | | | |
| Newark | OH 43055-9614 | 1 | . เฉเเอลอเเบเเ เม . มางา <i>[2]</i> | | | |
| Purpose of Disbursement support re elect | | <u> </u> | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Catagory | | | | |
| Rep. Jay Hottinger | | Category/ Type | 500.00 | | | |
| | ment For: 2014 | | | | | |
| Senate | Primary Genera | ય | | | | |
| President | Other (specify) | | | | | |
| State: OH District: 71 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Citizens for Stinziano | | | Date of Disbursement | | | |
| OIIIZENS IOI SIINZIANO | | | | | | |
| Mailing Address 550 E Walnut St | | | 09 29 2014 | | | |
| City | State Zip Code | | | | | |
| Columbus | OH 43215-5323 | | Transaction ID : D161728 | | | |
| Purpose of Disbursement | | | | | | |
| support | | | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ | 500.00 | | | |
| Michael Stinziano | | Туре | 500.00 | | | |
| | ment For: 2014 | | | | | |
| Senate President | Primary General | 11 | | | | |
| State: OH District: | Other (specify) ▼ | | | | | |
| Otato. Ott District. | | | | | | |
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| NAME OF COMMITTEE (In Full) | The and address of any point | cai committee to | Solicit contributions from Such committee. |
| | | | |
| Molina Healthcare, Inc. PAC | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Dishursoment |
| A. Four Price Campaign | | | Date of Disbursement |
| Mailing Address 2606 S Lipscomb Street | | | 09 29 2014 |
| | State Zip Code | | Transaction ID : D161762 |
| Amarillo | TX 79109-2332 | | 114116464161115 1 5 1 6 1 1 6 2 |
| Purpose of Disbursement support | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 500.00 |
| Four Price | | Type | 500.00 |
| | ment For: 2014 | | |
| Senate President | Primary General | | |
| State: TX District: | Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) | | | |
| 3. Citizens for Bishoff | | | Date of Disbursement |
| Chiledia for Biorion | | | M M / D D / Y Y Y Y |
| Mailing Address 2902 Braden Way | | | 09 29 2014 |
| City | State Zip Code | | Transaction ID : D161730 |
| Blacklick | OH 43004-6033 | | Transaction ib . D101730 |
| Purpose of Disbursement support | | | Amount of Each Disbursement this Period |
| Candidate Name | | Cotogony | |
| Heather Bishoff | | Category/ Type | 500.00 |
| Office Sought: House Disburse | ment For: 2014 | | |
| Senate | Primary General | | |
| President | Other (specify) ▼ | | |
| State: OH District: Full Name (Last, First, Middle Initial) | | | |
| Friends of Senator Janet Nelson | | | Date of Disbursement |
| | | | M M / D D / Y Y Y Y |
| Mailing Address PO Box 608 | | | 09 25 2014 |
| City | State Zip Code | | |
| Grapevine | TX 76099-0608 | | Transaction ID : D161739 |
| Purpose of Disbursement | | | |
| support re elect | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 2500.00 |
| Janet Nelson Office Sought: House Disburse | ment For: 2014 | Туре | 100000 |
| Senate | Primary General | | |
| President | Other (specify) | | |
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| SCHEDULE B (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 67 OF 70 | | | |
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| ITEMIZED DISBURSEMENTS | Use separate sched for each category of | of the | only one) | | | |
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| \ | ne and address of any | y political committe | to solicit contributions | nom Such committee. | | |
| NAME OF COMMITTEE (In Full) Molina Hoaltheare, Inc. PAC | | | | | | |
| Molina Healthcare, Inc. PAC | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursen | nent | | |
| A. Friends of John Zerwas Campaign | 1 | | Date of Disbursen | | | |
| Mailing Address 1012 Morton St | | | 09 29 | | | |
| City | State Zip Code | е | Transaction ID : | D161740 | | |
| Richmond | TX 77469-3 | 012 | Transaction ib . | D101740 | | |
| Purpose of Disbursement support re elect | | | Amount of Each D | Disbursement this Period | | |
| Candidate Name | | Category | / | 2000.00 | | |
| John Zerwas | mant Fact contribution | Туре | | 2000.00 | | |
| Office Sought: House Disburse Senate | ment For: 2014 Primary X Ger | noral | | | | |
| President | Other (specify) | iorai | | | | |
| State: TX District: | (-p 30)/ \ | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| B. Lois Kolhorst Campaign | | | Date of Disbursen | nent | | |
| | | | M M / D I | | | |
| Mailing Address P.O. Box 2546 | | | 09 29 | 2014 | | |
| • | State Zip Code TX 77834 | 9 | Transaction ID : | D161747 | | |
| Brenham Purpose of Disbursement | TX 77834 | | _ | | | |
| support election | | | Amount of Each D | Disbursement this Period | | |
| Candidate Name | | Category | | 1000.00 | | |
| Lois Kolkhorst | | Type | | 1000.00 | | |
| | ment For: 2014 | | | | | |
| Senate | Primary Ger | neral | | | | |
| State: TX District: | Other (specify) ▼ | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| C. Ohio Association of Health Plans F | PAC | | Date of Disbursen | nent | | |
| Mailing Address 200 F. Taure Co. | | | M M / D I | | | |
| Mailing Address 230 E Town Street | | | 07 07 | 2014 | | |
| City | State Zip Code | Э | Transaction ID : | D160319 | | |
| Columbus | OH 43215 | | Transaction ID | D100313 | | |
| Purpose of Disbursement support | | | 1 | | | |
| Candidate Name | | | | Disbursement this Period | | |
| | | Category Type | | 2500.00 | | |
| Office Sought: House Disburse | ment For: | 1 21 | | 7 (*) | | |
| Senate | Primary Ger | neral | | | | |
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| NAME OF COMMITTEE (In Full) Molina Healthcare, Inc. PAC | 2 2000 | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| A. Richard Raymond Campaign | | | | Date of Disbursement | | |
| Mailing Address P.O. Box 450349 | | | | 09 29 2014 | | |
| , | | Code | | Transaction ID : D161742 | | |
| Laredo Purpose of Disbursement support re election | 1 | 045 | | Amount of Each Disbursement this Perio | | |
| Candidate Name Richard Raymond | | | Category/ Type | 1500.00 | | |
| | nent For: 2014 Primary Other (specify) | General ▼ | 1,700 | | | |
| Full Name (Last, First, Middle Initial) B. Committee to Elect Robert D. Hack Mailing Address 2050 Palouse Drive | cett | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | | Code | | Transaction ID : D161729 | | |
| Purpose of Disbursement support | 011 43 | 1140 | | Amount of Each Disbursement this Perio | | |
| Candidate Name Robert D Hackett | | | Category/ Type | 1000.00 | | |
| Office Sought: House Disburser Senate | nent For: 2014 Primary Other (specify) | General | Турс | | | |
| | | | | | | |
| Full Name (Last, First, Middle Initial) Friends of Ryan Smith | | | | Date of Disbursement | | |
| | | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City Gallipolis Purpose of Disbursement | | Code 631-8678 | | M = M / D = D / Y = Y = Y | | |
| City Gallipolis Purpose of Disbursement support election Candidate Name | | 631-8678 | Category/ | Transaction ID : D160974 Amount of Each Disbursement this Period | | |
| C. Friends of Ryan Smith Mailing Address 1661 Kemper Hollow Rd City Gallipolis Purpose of Disbursement support election Candidate Name Ryan Smith | | 631-8678 General | Category/ Type | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |

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| NAME OF COMMITTEE (In Full) | | | | | |
| Molina Healthcare, Inc. PAC | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disburseme | ant and | |
| A. Team Burke | | | M M / D D | / | |
| Mailing Address 275 W 4th St | | | 08 05 | 2014 | |
| • | State Zip Code | | Transaction ID : I | 7160313 | |
| Marysville | OH 43040-1127 | | Transaction iD . I | 2100313 | |
| Purpose of Disbursement support | | | Amount of Each Di | sbursement this Period | |
| Candidate Name Dave Burke | | Category/ | | 500.00 | |
| Office Sought: House Disburser | ment For: | Туре | | | |
| | Primary General | | | | |
| State: OH District: 83 | Other (specify) ▼ | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
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